

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/591459

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	2		/			
5	1		/			
6	1		/			
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		9	←		←
TOTAL CLAIMS		██████	11	██████		██████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←	←		←
TOTAL CLAIMS		██████		██████		██████